

## TRANSFER STUDENT VERIFICATION

**Required for students with a current valid I-20 who have applied for admission to Colorado Mesa University.**

### Top portion to be completed by the F-1 student:

Full Legal Name: \_\_\_\_\_  
(as it appears on your passport)                      Last/Family                      First/Given                      Middle                      Former Name, if applicable

\_\_\_\_\_ Email                      Birth Date (please write out month)                      Nation of Citizenship

U.S. Immigration Status you currently hold:     Student (F-1)     Other (specify): \_\_\_\_\_  
\_\_\_\_\_ Place of Birth (City)

Applying to CMU for  Fall     Spring     Summer \_\_\_\_\_  
\_\_\_\_\_ Year                      Place of Birth (Country)

\_\_\_\_\_ Address in Home Country (Number and Street Name)                      Apt.#                      City/Town                      Postal Code                      State/Province                      Country

\_\_\_\_\_ Address in the U.S. (Number and Street Name)                      Apt.#                      City/Town                      Postal Code                      State/Province

\_\_\_\_\_ Phone Number in the U.S.

I am applying for admission to Colorado Mesa University. I authorize my current international advisor or P/DSO to provide the information requested below to Colorado Mesa University.

\_\_\_\_\_ Signature of Student

\_\_\_\_\_ Date

### Bottom portion to be completed by the International Student Advisor or the P/DSO at the transfer out school:

**Please note:** This student is applying for admission to Colorado Mesa University (school code DEN214F00182000). We need the following information concerning this student's status before we can act upon his or her application. Please complete the rest of this form and email to: **Annie Gingerich • Director of International Student Admissions and Programs • [agingeri@coloradomesa.edu](mailto:agingeri@coloradomesa.edu)**

### IMMIGRATION INFORMATION

\_\_\_\_\_ Visa Type                      SEVIS Number

Is this student authorized by SEVP to attend your institution?     Yes     No                      Is this student currently enrolled at your institution?     Yes     No

If "no", please explain: \_\_\_\_\_                      If not, when was the last date of enrollment? \_\_\_\_\_

SEVIS Release Date (please note that this **date may be left blank if student has not yet made a final decision to transfer** or until admission letter has been provided): \_\_\_\_\_

Dates of previously authorized off-campus employment (please specify whether employment was full- or part-time): \_\_\_\_\_

### OTHER INFORMATION Regarding this student, please comment on the following:

Is the applicant in good standing and eligible to return or continue at your institution if desired?    Academically:     Yes     No                      Conduct:     Yes     No

Comments: \_\_\_\_\_

Has the student experienced any financial difficulties while at your institution that you know of?     Yes     No

If yes, please describe: \_\_\_\_\_

Are you aware of any adjustment problems that may cause difficulty after transfer? \_\_\_\_\_

\_\_\_\_\_ Signature of P/DSO                      Date                      Telephone                      Fax

\_\_\_\_\_ Name (please print)                      Title

\_\_\_\_\_ Email                      Institution                      Updated: 09/04/20